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TITLE: GAS IDENTIFICATION SYSTEM



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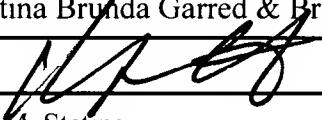
Total Number of Pages in This Submission

Application Number	09/998,084
Filing Date	11/30/2001
First Named Inventor	Adrian D. de Silva
Art Unit	3771
Examiner Name	Teena Kay Mitchell
Attorney Docket Number	BEARM-092A

ENCLOSURES (Check all that apply)

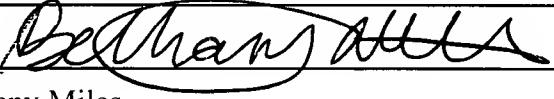
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Reply to Notice of Non-Compliant Amendment (1 page); Listing of Claims (2 Pages); Certificate of Mailing; and Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Stetina Brunda Garred & Brucker		
Signature			
Printed name	Kit M. Stetina		
Date	6/8/07	Reg. No.	29445

CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	Bethany Miles	Date	6/8/07

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:	Adrian D. de Silva) Confirmation No.	4364	
Serial No.:	09/998,084)) Art Unit:	3771
Filed:	11/30/2001)	Examiner:	Unknown
For:	GAS IDENTIFICATION SYSTEM)		
)		

REPLY TO NOTICE OF NON-COMPLIANT AMENDMENT (37 CFR 1.121)

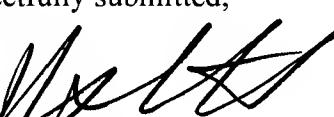
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Dear Madam:

Applicant hereby replies to the Notice of Non-Compliant Amendment rendered in relation to the present application on May 31, 2007. In that Notice, the Examiner indicated that canceled Claims 2-9 and 16-18 were omitted from the listing of claims in Applicant's Amendment of April 30, 2007. Applicant is submitting herewith a complete listing of the claims as amended in Applicant's response of April 30, 2007 in relation to the present application.

If any additional fee is required, please charge Deposit Account Number 19-4330.

Respectfully submitted,

Date: 6/8/07
Customer No.: 007663
By: 
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